

QUARTERLY STATEMENT

AS OF MARCH 31, 2007
OF THE CONDITION AND AFFAIRS OF THE

MEMPHIS MANAGED CARE CORPORATION

NAIC Group Code 0000, 2006 NAIC Company Code 00000 Employer's ID Number 621539163
(Current Period) (Prior Period)

Organized under the Laws of TENNESSEE, State of Domicile or Port of Entry Tennessee

Country of Domicile US

Licensed as business type:

Life Accident and Health [] Property/Casualty [] Hospital, Medical and Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Other []
Health Maintenance Organization [X] Is HMO Federally Qualified? Yes (X) No ()

Incorporated/Organized July 7, 1993 Commenced Business January 1, 1994

Statutory Home Office 1407 UNION AVE SUITE 200, MEMPHIS,, Tennessee 38104
(Street and Number, City or Town, State and Zip Code)

Main Administrative Office 1407 UNION AVE SUITE 200, MEMPHIS,, Tennessee 38104 901-515-3022
(Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1407 UNION AVE SUITE 200, MEMPHIS,, Tennessee 38104
(Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 1407 UNION AVE SUITE 200, MEMPHIS,, Tennessee 38104
(Street and Number, City or Town, State and Zip Code)
901-515-3022
(Area Code) (Telephone Number)

Internet Website Address cmiller@mmcc-tlc.com

Statutory Statement Contact CHERYLL ANNETTE MILLER 901-515-3022
(Name) (Area Code) (Telephone Number) (Extension)
cmiller@mmcc-tlc.com 901-515-3722
(E-Mail Address) (Fax Number)

Policyowners N/A
Relations (Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)
Contact and
Phone Number

OFFICERS

- AL KING (President)
- STEVEN BURKETT (Chairman)

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

JEFF BRANDON
JUDY BRIGGS
STEVEN BURKETT
BRENDA JETTER
AL KING
VERONICA MALLETT, DR.
ELIZABETH OSTRIC
STUART POLLY, DR.

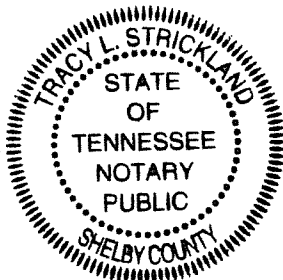
State of Tennessee }
County of SHELBY } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

AL KING
President
STEVEN BURKETT
Chairman

Subscribed and sworn to before me this
31 day of May, 2007

Tracy L. Strickland
NOTARY PUBLIC
October 13, 2010



- Is this an original filing? Yes (X) No ()
- If no: 1. State the amendment number
- Date filed
- Number of pages attached

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 minus Col. 2)	
1. Bonds	18,941,824		18,941,824	20,291,225
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$ 5,695,389), cash equivalents (\$) and short-term investments (\$)	5,695,389		5,695,389	5,648,464
6. Contract loans (including \$ premium notes)				
7. Other invested assets	1,422,728		1,422,728	1,415,186
8. Receivables for securities				
9. Aggregate write-ins for invested assets				
10. Subtotals, cash and invested assets (Line 1 to Line 9)	26,059,941		26,059,941	27,354,875
11. Title plants less \$ charged off (for Title insurers only)				
12. Investment income due and accrued	162,744		162,744	217,686
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection				
13.2 Deferred premiums , agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
13.3 Accrued retrospective premiums				
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers				
14.2 Funds held by or deposited with reinsured companies				
14.3 Other amounts receivable under reinsurance contracts				
15. Amounts receivable relating to uninsured plans	6,614,263	453,320	6,160,943	4,716,674
16.1 Current federal and foreign income tax recoverable and interest thereon				
16.2 Net deferred tax asset				
17. Guaranty funds receivable or on deposit				
18. Electronic data processing equipment and software	1,071,475	1,071,475		
19. Furniture and equipment , including health care delivery assets (\$)	295,085	295,085		
20. Net adjustment in assets and liabilities due to foreign exchange rates				
21. Receivables from parent, subsidiaries and affiliates	290,896	3,000	287,896	282,861
22. Health care (\$) and other amounts receivable	169,471	78,367	91,104	25,006
23. Aggregate write-ins for other than invested assets	586,202	586,202		
24. Total assets excluding Separate Accounts , Segregated Accounts and Protected Cell Accounts (Line 10 to Line 23)	35,250,077	2,487,449	32,762,628	32,597,102
25. From Separate Accounts , Segregated Accounts and Protected Cell Accounts				
26. Totals (Line 24 and Line 25)	35,250,077	2,487,449	32,762,628	32,597,102
DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page				
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)				
2301. PREPAID EXPENSES	586,202	586,202		
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)	586,202	586,202		

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ reinsurance ceded)				
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses				
4. Aggregate health policy reserves				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance				
9. General expenses due or accrued	255,958		255,958	183,420
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others	695,529		695,529	661,718
13. Remittances and items not allocated.				
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
15. Amounts due to parent, subsidiaries and affiliates	191,450		191,450	192,695
16. Payable for securities				
17. Funds held under reinsurance treaties with (\$ authorized reinsurers and \$ unauthorized reinsurers)				
18. Reinsurance in unauthorized companies.				
19. Net adjustments in assets and liabilities due to foreign exchange rates				
20. Liability for amounts held under uninsured plans	813,699		813,699	1,349,431
21. Aggregate write-ins for other liabilities (including \$ current)				
22. Total liabilities (Line 1 to Line 21)	1,956,636		1,956,636	2,387,264
23. Aggregate write-ins for special surplus funds	X X X	X X X		
24. Common capital stock	X X X	X X X		
25. Preferred capital stock	X X X	X X X		
26. Gross paid in and contributed surplus	X X X	X X X	3,699,498	3,699,498
27. Surplus notes	X X X	X X X		
28. Aggregate write-ins for other than special surplus funds	X X X	X X X		
29. Unassigned funds (surplus)	X X X	X X X	27,106,495	26,510,340
30. Less treasury stock, at cost:				
30.1 shares common (value included in Line 24 \$)	X X X	X X X		
30.2 shares preferred (value included in Line 25 \$)	X X X	X X X		
31. Total capital and surplus (Line 23 to Line 29 minus Line 30)	X X X	X X X	30,805,993	30,209,838
32. Total Liabilities, capital and surplus (Line 22 and Line 31)	X X X	X X X	32,762,629	32,597,102
DETAILS OF WRITE-INS				
2101.				
2102.				
2103.				
2198. Summary of remaining write-ins for Line 21 from overflow page				
2199. Totals (Line 2101 through Line 2103 plus Line 2198) (Line 21 above)				
2301.	X X X	X X X		
2302.	X X X	X X X		
2303.	X X X	X X X		
2398. Summary of remaining write-ins for Line 23 from overflow page	X X X	X X X		
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)	X X X	X X X		
2801.	X X X	X X X		
2802.	X X X	X X X		
2803.	X X X	X X X		
2898. Summary of remaining write-ins for Line 28 from overflow page	X X X	X X X		
2899. Totals (Line 2801 through Line 2803 plus Line 2898) (Line 28 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year to Date
	1	2	3
	Uncovered	Total	Total
1. Member Months	X X X	503,137	518,118
2. Net premium income (including \$ non-health premium income)	X X X		
3. Change in unearned premium reserves and reserve for rate credits	X X X		
4. Fee-for-service (net of \$ medical expenses)	X X X		
5. Risk revenue	X X X		
6. Aggregate write-ins for other health care related revenues	X X X		
7. Aggregate write-ins for other non-health revenues	X X X		
8. Total revenues (Line 2 to Line 7)	X X X		
Hospital and Medical:			
9. Hospital/ medical benefits			
10. Other professional services			
11. Outside referrals			
12. Emergency room and out-of-area			
13. Prescription drugs			
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Line 9 to Line 15)			
Less:			
17. Net reinsurance recoveries			
18. Total hospital and medical (Line 16 minus Line 17)			
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ cost containment expenses			586,565
21. General administrative expenses		(885,539)	(1,354,083)
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)			
23. Total underwriting deductions (Line 18 through Line 22)		(885,539)	(767,518)
24. Net underwriting gain or (loss) (Line 8 minus Line 23)	X X X	885,539	767,518
25. Net investment income earned		276,816	308,255
26. Net realized capital gains (losses) less capital gains tax of \$			
27. Net investment gains (losses) (Line 25 plus Line 26)		276,816	308,255
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			
29. Aggregate write-ins for other income or expenses			42,840
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Line 24 plus Line 27 plus Line 28 plus Line 29)	X X X	1,162,355	1,118,613
31. Federal and foreign income taxes incurred	X X X		
32. Net income (loss) (Line 30 minus Line 31)	X X X	1,162,355	1,118,613
DETAILS OF WRITE-INS			
0601.	X X X		
0602.	X X X		
0603.	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)	X X X		
0701.	X X X		
0702.	X X X		
0703.	X X X		
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above)	X X X		
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above)			
2901. MEDCALL REVENUE			14,167
2902. MRI REVENUE			28,673
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above)			42,840

STATEMENT OF REVENUE AND EXPENSES (continued)

CAPITAL AND SURPLUS ACCOUNT	1	2	3
	Current Year to Date	Prior Year To Date	Prior Year
33. Capital and surplus prior reporting year	30,209,840	25,539,158	27,804,505
34. Net income (loss) from Line 32	1,162,355	1,118,523	8,205,507
35. Change in valuation basis of aggregate policy and claims reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	(566,201)	(329,537)	(800,172)
40. Change in unauthorized reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Tranferred from capital			
46. Dividends to stockholders			(5,000,000)
47. Aggregate write-ins for gains or (losses) in surplus		1,266,197	
48. Net change in capital and surplus (Line 34 to Line 47)	596,154	2,055,183	2,405,335
49. Capital and surplus end of reporting period (Line 33 plus Line 48)	30,805,994	27,594,341	30,209,840
DETAILS OF WRITE-INS			
4701. AUDIT ADJUSTMENT		1,266,197	
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above)		1,266,197	

CASH FLOW

	1	2
	Current Year To Date	Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance		
2. Net investment income	331,758	1,260,863
3. Miscellaneous income		114,156
4. Total (Line 1 through Line 3)	331,758	1,375,019
5. Benefit and loss related payments		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	973,408	11,484,345
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		
10. Total (Line 5 through Line9)	973,408	11,484,345
11. Net cash from operations (Line 4 minus Line 10)	(641,650)	(10,109,326)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	3,745,136	20,929,084
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Line 12.1 through Line 12.7)	3,745,136	20,929,084
13. Cost of investments acquired (long-term only):		
13.1 Bonds	2,403,278	15,767,942
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		1,500,000
13.6 Miscellaneous applications		
13.7 Total investments acquired (Line 13.1 through Line 13.6)	2,403,278	17,267,942
14. Net increase or (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	1,341,858	3,661,142
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		(5,000,000)
16.6 Other cash provided (applied)	(653,284)	1,105,393
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(653,284)	6,105,393
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	46,924	(342,791)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	5,648,464	5,991,255
19.2 End of period (Line 18 plus Line 19.1)	5,695,388	5,648,464

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001		
20.0002		
20.0003		
20.0004		
20.0005		
20.0006		
20.0007		
20.0008		
20.0009		
20.0010		

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	169,031								169,031	
2. First Quarter	167,937								167,937	
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	503,137								503,137	
Total Member Ambulatory Encounters for Period:										
7. Physician	179,422								179,422	
8. Non-Physician	5,721								5,721	
9. Total	185,143								185,143	
10. Hospital Patient Days Incurred	20,722								20,722	
11. Number of Inpatient Admissions	5,614								5,614	
12. Health Premiums Written (a)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
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NONE

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 plus 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Line 1 to Line 8)						
10. Healthcare recievables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals						

NONE

(a) Excludes \$ loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
- C. Memphis Managed Care Corporation did not engage in any wash sales for the quarter Ending March 31, 2007

NOTES TO FINANCIAL STATEMENTS
(Electronic Filing Only)

4. Discontinued Operations

5. The amounts related to Discontinued Operations and the effect on the Company's Balance Sheet and Statement of Revenue and Expenses

Balance sheet

Assets

a. Line 5	Cash	\$
b. Line 26	Totals	\$

Liabilities, Surplus and Other Funds

c. Line 22	Total Liabilities	\$
d. Line 31	Total Capital and Surplus	\$
e. Line 32	Total	\$

Statement of Revenue and Expenses

f. Line 2	Premiums	\$
g. Line 22	Increase in aggregate reserves for accident and health (current year less prior year)	\$
h. Line 31	Federal and foreign income taxes incurred	\$
i. Line 26	Net realized capital gains (losses)	\$
j. Line 32	Net Income	\$

5. Investments

A. Mortgage Loans including Mezzanine Real Estate Loans

For mortgage loans, disclose the following information

	Current Year	Prior Year
4. As of year end, the Company held mortgages with investment, excluding accrued interest	NONE	\$
a. Total interest due on mortgages with interest rr		\$
5. Taxes, assessments and any amounts advanced		\$
6. Current year impaired loans with a related allowar		\$
a. Related allowance for credit losses		\$
7. Impaired mortgage loans without an allowance for credit losses		\$
8. Average recorded investment in impaired loans		\$
9. Interest income recognized during the period the loans were impaired		\$
10. Amount of interest income recognized on a cash basis during the period the loans were impaired		\$
11. Allowance for credit losses:		
a. Balance at beginning of period	\$	\$
b. Additions charged to operations	\$	\$
c. Direct write-downs charged against the allowances	\$	\$
d. Recoveries of amounts previously charged off	\$	\$
e. Balance at end of period	\$	\$

B. Debt Restructuring

For restructured debt in which the company is a creditor, disclose the following:

1. The total recorded investment in restructured loans, as of year end	\$	\$
2. The realized capital losses related to these loans	\$	\$
3. Total contractual commitments to extend credit to debtors owning receivables whose terms have been modified in troubled debt restructurings	\$	\$

9. Income Taxes

A. The components of the net deferred tax asset recognized in the Company's Assets, Liabilities, Surplus and Other Funds are as follows:

	Current Year	Prior Year
1. Total of gross deferred tax assets	\$	\$
2. Total of deferred tax liabilities	\$	\$
3. Net deferred tax asset	\$	\$
4. Deferred tax asset nonadmitted	\$	\$
5. Net admitted deferred tax asset	\$	\$
6. (Increase) decrease in nonadmitted asset	\$	\$

NOTES TO FINANCIAL STATEMENTS (Continued)
(Electronic Filing Only)

10. Information Concerning Parent , Subsidiaries and Affiliates

E. Indicate the amount of any guarantees or undertakings, written or otherwise, for the benefit of an affiliate or related party that result in a material contingent exposure of the reporting entity/s or any related party/s assets or liabilities: \$

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan
A summary of assets, obligations and assumptions of the Pension and Other Postretirement Benefit Plans are as follows at December 31, of said year .

1. Change in benefit obligation	Pension Benefits		Other Benefits	
	Current Year	Prior Year	Current Year	Prior Year
a. Benefit obligation at beginning of year	\$	\$	\$	\$
b. Service cost	\$	\$	\$	\$
c. Interest cost	\$	\$	\$	\$
d. Contribution by plan participants	\$	\$	\$	\$
e. Actuarial gain (loss)	\$	\$	\$	\$
f. Foreign currency exchange rate changes	\$	\$	\$	\$
g. Benefits paid	\$	\$	\$	\$
h. Plan amendments	\$	\$	\$	\$
i. Business combinations, divestitures, curtailments, settlements and special termination benefits	\$	\$	\$	\$
j. Benefit obligation at end of year	\$	\$	\$	\$
2. Change in plan assets				
a. Value of plan assets at beginning of year	\$	\$	\$	\$
b. Actual return on plan assets	\$	\$	\$	\$
c. Foreign currency exchange rate changes	\$	\$	\$	\$
d. Employer contribution	\$	\$	\$	\$
e. Plan participants' contributions	\$	\$	\$	\$
f. Benefits paid	\$	\$	\$	\$
g. Business combinations, divestitures and settlements	\$	\$	\$	\$
h. Fair value of plan assets at end of year	\$	\$	\$	\$
3. Funded status				
a. Unamortized prior service cost	\$	\$	\$	\$
b. Unrecognized net gain or (loss)	\$	\$	\$	\$
c. Remaining net obligation or net asset at initial date of application	\$	\$	\$	\$
d. Prepaid assets or accrued liabilities	\$	\$	\$	\$
e. Intangible asset	\$	\$	\$	\$
4. Accumulated benefit obligation for non vested emplo				\$
5. Benefit obligation for non-vested employees				
a. Projected pension obligation				\$
b. Accumulated benefit obligation				\$
6. Components of net periodic benefit cost				
a. Service cost				\$
b. Interest cost	\$	\$	\$	\$
c. Expected return on plan assets	\$	\$	\$	\$
d. Amortization of unrecognized transition obligation or transition asset	\$	\$	\$	\$
e. Amount of recognized gains and losses	\$	\$	\$	\$
f. Amount of prior service cost recognized	\$	\$	\$	\$
g. Amount of gain or loss recognized due to a settlement or curtailment	\$	\$	\$	\$
h. Total net periodic benefit cost	\$	\$	\$	\$

NONE

	Current Year	Prior Year
8. Weighted-average assumptions used to determine net periodic benefit cost as of Dec. 31:		
a. Weighted average discount rate
b. Expected long-term rate of return on plan assets
c. Rate of compensation increase
Weighted average assumptions used to determine projected benefit obligations as of Dec. 31:		
d. Weighted average discount rate
e. Rate of compensation increase

11. Assumed health care cost trend rates have a significant effect on the amounts reported for the health care plans. A one-percentage-point change in assumed health care cost trend rates would have the following effects:	1 Percentage Point Increase	1 Percentage Point Decrease
a. Effect on total of service and interest cost components	\$	\$
b. Effect on postretirement benefit obligation	\$	\$

12. The defined benefit pension plan asset allocation as of the measurement date and the target asset allocation, presented as a percentage of total plan assets were as follows:	Current Year	Prior Year	Target Allocation
a. Debt Securities	..... %	..... %	..... % to %
b. Equity Securities	..... %	..... %	..... % to %
c. Real Estate	..... %	..... %	..... % to %
d. Other	..... %	..... %	..... % to %
e. Total % %	

13. The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated:	Years	Amount
1.	.....	\$ .....
2.	.....	\$ .....
3.	.....	\$ .....
4.	.....	\$ .....
5.	.....	\$ .....
6. Thereafter Total	.....	\$ .....

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations	
9. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses:	\$

14. Contingencies	
A. Contingent Commitments	
1. Total contingent liabilities:	\$

NOTES TO FINANCIAL STATEMENTS (Continued)
(Electronic Filing Only)

15. Leases

A. Disclose the following items related to lessee leasing arrangements (refer to SSAP No. 22, Leases):

2. For leases having initial or remaining noncancelable lease terms in excess of one year:

a. At January 1, of said year, the minimum aggregate rental commitments are as follows:
(Dollars in thousands)

<u>Year Ending December 31</u>	<u>Operating Leases</u>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6. Aggregate Total	\$

B. When leasing is a significant part of the lessor's business activities in terms of revenue, net income, or assets, disclose the following information with respect to leases:

1. Lessor Leases:

c. Future minimum lease payment receivables under noncancelable leasing arrangements as of December 31, of said year are as follows:

<u>Year Ending December 31</u>	<u>Operating Leases</u>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6. Aggregate Total	\$

2. Leveraged Leases:

b. The Company's investment in leveraged leases re
leveraged leases at December 31, of said year v

(In thousands)		from
1. Income from leveraged leases before income	NONE	<u>Prior Year</u>
2. Less current income tax		.....
3. Net income from leverage leases		.....

c. The components of the investment in leveraged l
(In thousands)

	<u>Current Year</u>	<u>Prior Year</u>
1. Lease contracts receivable (net of principal and interest on non-recourse financing)	\$	\$
2. Estimated residual value of leased assets	\$	\$
3. Unearned and deferred income	\$	\$
4. Investment in leveraged leases	\$	\$
5. Deferred income taxes related to leveraged leases	\$	\$
6. Net investment in leveraged leases	\$	\$

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentration of Credit Risk.

For financial instruments with off-balance risk, an insurer shall disclose in the financial statements the following information by class of financial instrument:

1. The table below summarizes the face amount of the Company's financial instruments with off-balance sheet risk:

	<u>Current Year</u>	<u>Assets</u> <u>Prior Year</u>	<u>Liabilities</u> <u>Current Year</u>	<u>Prior Year</u>
a. Swaps	\$	\$	\$	\$
b. Futures	\$	\$	\$	\$
c. Options	\$	\$	\$	\$
d. Total	\$	\$	\$	\$

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

C. Wash Sales

2. The details by NAIC designation 3 or below of securities sold during the current reporting period and reacquired within 30 days of the sale date are:

<u>Bonds:</u>	<u>Number of Transactions</u>	<u>Book Value of Securities Sold</u>	<u>Cost of Securities Repurchased</u>	<u>Gain (Loss)</u>
a. NAIC 3	\$	\$	\$	\$
b. NAIC 4	\$	\$	\$	\$
c. NAIC 5	\$	\$	\$	\$
d. NAIC 6	\$	\$	\$	\$
<u>Preferred Stock:</u>				
e. NAIC P /RP3	\$	\$	\$	\$
f. NAIC P /RP4	\$	\$	\$	\$
g. NAIC P /RP5	\$	\$	\$	\$
h. NAIC P /RP6	\$	\$	\$	\$

NOTES TO FINANCIAL STATEMENTS (Continued)
(Electronic Filing Only)

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
A. ASO Plans:

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during s

- a. Net reimbursement for administrative expenses (incl administrative fees) in excess of actual expenses
- b. Total net other income or expenses (including intere to or received from plans)
- c. Net gain or (loss) from operations
- d. Total claim payment volume

NONE

1	2	3
ASC	Uninsured Portion of Partially Insured Plans	Total ASO
		\$
		\$
		\$
		\$

B. ASC Plans

The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during said year:

- a. Gross reimbursement for medical cost incurred
- b. Gross administrative fees accrued
- c. Other income or expenses (including interest paid to or received from plans)
- d. Gross expenses incurred (claims and administrative)
- e. Total net gain or loss from operations

1	2	3
ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$

STATEMENT AS OF MARCH 31 , 2007 OF THE MEMPHIS MANAGED CARE CORPORATION

NOTES TO FINANCIAL STATEMENTS - ITEM 1A

1	2	3	4
State Prescribed Practices	Current	Prior	State of Domicile

NONE

NOTES TO FINANCIAL STATEMENTS - ITEM 5A02

1	2	3
Percent Reduced	Investment Excluding Accrued Interest	Number of Mortgages

NONE

NOTES TO FINANCIAL STATEMENTS - ITEM 13.10

	1	2	3	4	5	6	7	8
Description of Assets , Holder of Note and Other	Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note	Principal and/or Interest Paid Current Year	Total Principal and/or Interest Paid	Unapproved Principal and/or Interest	Date of Maturity

NONE

NOTES TO FINANCIAL STATEMENTS - ITEM 13.11

1	2	3
Year (Starting with Current Year)	Change in Year Surplus	Change in Gross Paid-in and Contributed Surplus

NONE

STATEMENT AS OF MARCH 31 , 2007 OF THE MEMPHIS MANAGED CARE CORPORATION

NOTES TO FINANCIAL STATEMENTS - ITEM 19

Name and Address of Managing General Agent or Third Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Type of Authority Granted	Total Direct Premiums Written/ Produced By
---	-------------	--------------------	---------------------------	---------------------------	--

NONE

NOTES TO FINANCIAL STATEMENTS - ITEM 23

Name of Reinsurer	Amount
-------------------	--------

NONE

NOTES TO FINANCIAL STATEMENTS - ITEM 28A

1 Quarter	2 Estimated Pharmacy Rebates as Reported on Financial Statements	3 Pharmacy Rebates as Billed or Otherwise Confirmed	4 Actual Rebates Received Within 90 Days of Billing	5 Actual Rebates Received Within 91 to 180 Days of Billing	6 Actual Rebates Received More Than 180 Days After Billing
------------------	---	--	--	---	---

NONE

NOTES TO FINANCIAL STATEMENTS - ITEM 28B

1 Calendar Year	2 Evaluation Period Year Ending	3 Risk Sharing Receivable as Estimated in the Prior Year	4 Risk Sharing Receivable as Estimated in the Current Year	5 Risk Sharing Receivable Billed	6 Risk Sharing Receivable Not Yet Billed	7 Actual Risk Sharing Amounts Received in Year Billed	8 Actual Risk Sharing Amounts Received First Year Subsequent	9 Actual Risk Sharing Amounts Received Second Year Subsequent	10 Actual Risk Sharing Amounts Received - All Other
------------------------	--	---	---	---	---	--	---	--	--

NONE

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes () No (X)
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes () No ()
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes () No (X)
- 2.2

If yes, date of change:

.....
3.

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes () No (X)
- If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes () No (X)
- 4.2

If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes () No () N/A (X)
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

03/26/2007
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

03/26/2007
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....
- 6.4

By what department or departments?

DEPARTMENT OF COMMERCE AND INSURANCE TENNCARE DIVISION
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)

Yes () No (X)
- 7.2

If yes, give full information

.....
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes () No (X)
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

.....
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes () No (X)
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
.....
.....
.....

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted .)

- 9.1

Are the senior officers (principal executive officer , principal financial officer , principal accounting officer or controller , or persons performing similar functions) of the reporting entity subject to a code of ethics , which includes the following standards?
(a) Honest and ethical conduct , including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full , fair , accurate , timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws , rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code .

Yes (X) No ()
- 9.11

If the response to 9.1 is No , please explain:

.....
.....
- 9.2

Has the code of ethics for senior managers been amended?

Yes () No (X)
- 9.21

If the response to 9.2 is Yes , provide information related to amendment (s) .

.....
.....
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes () No (X)
- 9.31

If the response to 9.3 is Yes , provide the nature of any waiver (s) .

.....
.....

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent , subsidiaries or affiliates on Page 2 of this statement?

Yes (X) No ()
- 10.2

If yes , indicate the amounts receivable from parent included in the Page 2 amount:

\$ 191,450

INVESTMENT

- 11.1

Has there been any change in the reporting entity's own preferred or common stock?

Yes () No (X)
- 11.2

If yes , explain

.....
.....
- 12.1

Were any of the stocks , bonds , or other assets of the reporting entity loaned , placed under option agreement , or otherwise made available for use by another person? (Exclude securities under securities lending agreements .)

Yes () No (X)
- 12.2

If yes , give full and complete information relating thereto:

.....
.....
13.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$
14.

Amount of real estate and mortgages held in short-term investments:

\$
- 15.1

Does the reporting entity have any investments in parent , subsidiaries and affiliates?

Yes (X) No ()
- 15.2

If yes , please complete the following:
- | | 1
Prior Year-End Book/
Adjusted Carrying Value | 2
Current Quarter Book/
Adjusted Carrying Value |
|--|--|---|
| 15.21 Bonds | \$ | \$ |
| 15.22 Preferred Stock | \$ | \$ |
| 15.23 Common Stock | \$ | \$ |
| 15.24 Short-Term Investments | \$ | \$ |
| 15.25 Mortgage Loans on Real Estate | \$ | \$ |
| 15.26 All Other | \$ 1,415,786 | \$ 1,422,728 |
| 15.27 Total Investment in Parent , Subsidiaries and Affiliates (Subtotal Line 15.21 to Line 15.26) | \$ 1,415,786 | \$ 1,422,728 |
| 15.28 Total Investment in Parent included in Line 15.21 to Line 15.26 above | \$ | \$ |
- 16.1

Has the reporting entity entered into any hedging transactions reported on schedule DB?

Yes () No (X)
- 16.2

If yes , has a comprehensive description of the hedging program been made available to the domiciliary state?

If no , attach a description with this statement.

Yes () No ()

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted .)

17. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1-General, Section IV.J-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?
- Yes (X) No ()

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian (s)	2 Custodian Address
SUNTRUST BANK	P.O. BOX 622227, ORLANDO FL. 32862-2227
REGIONS BANK	6000 POPLAR, SUITE 300, MEMPHIS TN 38119.
.....

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....
.....
.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes () No (X)

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....
.....
.....

17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
.....
.....
.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes (X) No ()

18.2 If no, list exceptions:

.....

.....

SCHEDULE A - VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December		
2. Increase (decrease) by adjustment		
3. Cost of acquired		
4. Cost of additions to and permanent improv		
5. Total profit (loss) on sales		
6. Increase (decrease) by foreign exchange		
7. Amount received on sales		
8. Book/adjusted carrying value at end of cu		
9. Total valuation allowance		
10. Subtotal (Line 8 plus Line 9)		
11. Total nonadmitted amounts		
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year		
2. Amount loaned during period:		
2.1. Actual cost at time of acquisitions		
2.2. Additional investment made after a		
3. Accrual of discount and mortgage interest		
4. Increase (decrease) by adjustment		
5. Total profit (loss) on sale		
6. Amounts paid on account or in full during t		
7. Amortization of premium		
8. Increase (decrease) by foreign exchange		
9. Book value/recorded investment excluding		
10. Total valuation allowance		
11. Subtotal (Line 9 plus Line 10)		
12. Total nonadmitted amounts		
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)		

SCHEDULE BA - VERIFICATION

Other Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	1,415,186	1,415,186
2. Cost of acquisitions during period:		
2.1. Actual cost at time of acquisitions		
2.2. Additional investment made after acquisitions		
3. Accrual of discount		
4. Increase (decrease) by adjustment	7,542	
5. Total profit (loss) on sale		
6. Amounts paid on account or in full during the period		
7. Amortization of premium		
8. Increase (decrease) by foreign exchange adjustment		
9. Book/adjusted carrying value of long-term invested assets at end of current period	1,422,728	1,415,186
10. Total valuation allowance		
11. Subtotal (Line 9 plus Line 10)	1,422,728	1,415,186
12. Total nonadmitted amounts		
13. Statement value of long term invested assets at end of current period (Page 2, Line 7, Column 3)	1,422,728	1,415,186

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	20,291,225	17,364,710
2. Cost of bonds and stocks acquired	2,403,278	15,921,823
3. Accrual of discount		
4. Increase (decrease) by adjustment		
5. Increase (decrease) by foreign exchange adjustment		
6. Total profit (loss) on disposal		
7. Consideration for bonds and stocks disposed of	3,735,000	11,805,000
8. Amortization of premium	17,679	1,190,308
9. Book/adjusted carrying value, current period	18,941,824	20,291,225
10. Total valuation allowance		
11. Subtotal (Line 9 plus Line 10)	18,941,824	20,291,225
12. Total nonadmitted amounts		
13. Statement value	18,941,824	20,291,225

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1.....	20,291,225	2,403,278	3,735,000	(17,679)	18,941,824			20,291,225
2. Class 2.....								
3. Class 3.....								
4. Class 4.....								
5. Class 5.....								
6. Class 6.....								
7. Total Bonds.....	20,291,225	2,403,278	3,735,000	(17,679)	18,941,824			20,291,225
PREFERRED STOCK								
8. Class 1.....								
9. Class 2.....								
10. Class 3.....								
11. Class 4.....								
12. Class 5.....								
13. Class 6.....								
14. Total Preferred Stock.....								
15. Total Bonds and Preferred Stock.....	20,291,225	2,403,278	3,735,000	(17,679)	18,941,824			20,291,225

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1	2	3	4	5
	Book / Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
8299999 Totals		X X X			

SCHEDULE DA - PART 2 - VERIFICATION

Short-Term Investments Owned

	1	2
	Year To Date	Prior Year Ended December 31
1. Book / adjusted carrying value, December 31 of prior year		
2. Cost of short-term investments acquired		
3. Increase (decrease) by adjustment		
4. Increase (decrease) by foreign exchange adjustment		
5. Total profit (loss) on disposal of short-term investments		
6. Consideration received on disposal of short-term investments		
7. Book / adjusted carrying value, current period		
8. Total valuation allowance		
9. Subtotal (Line 7 plus Line 8)		
10. Total nonadmitted amounts		
11. Statement value (Line 9 minus Line 10)		
12. Income collected during period		
13. Income earned during period		

NONE

SCHEDULE DB - PART F - SECTION 1

Replicated (Synthetic) Assets Open

Replicated (Synthetic) Asset					Components of the Replicated (Synthetic) Asset						
1	2	3	4	5	Derivative Instruments Open		Cash Instrument(s) Held				
Replication RSAT Number	Description	NAIC Designation or Other Description	Statement Value	Fair Value	6	7	8	9	10	11	12
					Description	Fair Value	CUSIP	Description	Statement Value	Fair Value	NAIC Designation or Other Description

NONE

SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year To Date	
	1	2	3	4	5	6	7	8	9	10
	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value
1. Beginning Inventory										
2. Add: Opened or Acquired Transactions										
3. Add: Increases in Replicated Asset Statement Value	X X X						X X X		X X X	
4. Less: Closed or Disposed of Transactions										
5. Less: Positions Disposed of for Failing Effectiveness Criteria										
6. Less: Decreases in Replicated (Synthetic) Asset Statement Value	X X X						X X X		X X X	
7. Ending Inventory										

NONE

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Location	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
------------------------------	------------------------------	------------------------	----------------------------	-------------------	--------------------------------------	---

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only Year to Date							
			2	3	4	5	6	7	8	9
States, Etc.		Is Insurer Licensed ? (Yes or No)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Column 2 Through Column 7	Deposit-Type Contracts
1.	Alabama	AL	No							
2.	Alaska	AK	No							
3.	Arizona	AZ	No							
4.	Arkansas	AR	No							
5.	California	CA	No							
6.	Colorado	CO	No							
7.	Connecticut	CT	No							
8.	Delaware	DE	No							
9.	District of Columbia	DC	No							
10.	Florida	FL	No							
11.	Georgia	GA	No							
12.	Hawaii	HI	No							
13.	Idaho	ID	No							
14.	Illinois	IL	No							
15.	Indiana	IN	No							
16.	Iowa	IA	No							
17.	Kansas	KS	No							
18.	Kentucky	KY	No							
19.	Louisiana	LA	No							
20.	Maine	ME	No							
21.	Maryland	MD	No							
22.	Massachusetts	MA	No							
23.	Michigan	MI	No							
24.	Minnesota	MN	No							
25.	Mississippi	MS	No							
26.	Missouri	MO	No							
27.	Montana	MT	No							
28.	Nebraska	NE	No							
29.	Nevada	NV	No							
30.	New Hampshire	NH	No							
31.	New Jersey	NJ	No							
32.	New Mexico	NM	No							
33.	New York	NY	No							
34.	North Carolina	NC	No							
35.	North Dakota	ND	No							
36.	Ohio	OH	No							
37.	Oklahoma	OK	No							
38.	Oregon	OR	No							
39.	Pennsylvania	PA	No							
40.	Rhode Island	RI	No							
41.	South Carolina	SC	No							
42.	South Dakota	SD	No							
43.	Tennessee	TN	No							
44.	Texas	TX	No							
45.	Utah	UT	No							
46.	Vermont	VT	No							
47.	Virginia	VA	No							
48.	Washington	WA	No							
49.	West Virginia	WV	No							
50.	Wisconsin	WI	No							
51.	Wyoming	WY	No							
52.	American Samoa	AS	No							
53.	Guam	GU	No							
54.	Puerto Rico	PR	No							
55.	U. S. Virgin Islands	VI	No							
56.	Northern Mariana Islands	MP	No							
57.	Canada	CN	No							
58.	Aggregate Other Alien	OT	X X X							
59.	Subtotal		X X X							
60.	Reporting entity contributions for Employee Benefit Plans		X X X							
61.	Total (Direct Business)	(a)								
DETAILS OF WRITE-INS										
5801.										
5802.										
5803.										
5898.	Summary of remaining write-ins for Line 58 from overflow page									
5899.	Total (Line 5801 through Line 5803 plus Line 5898) (Line 58 above)									

(a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES
OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

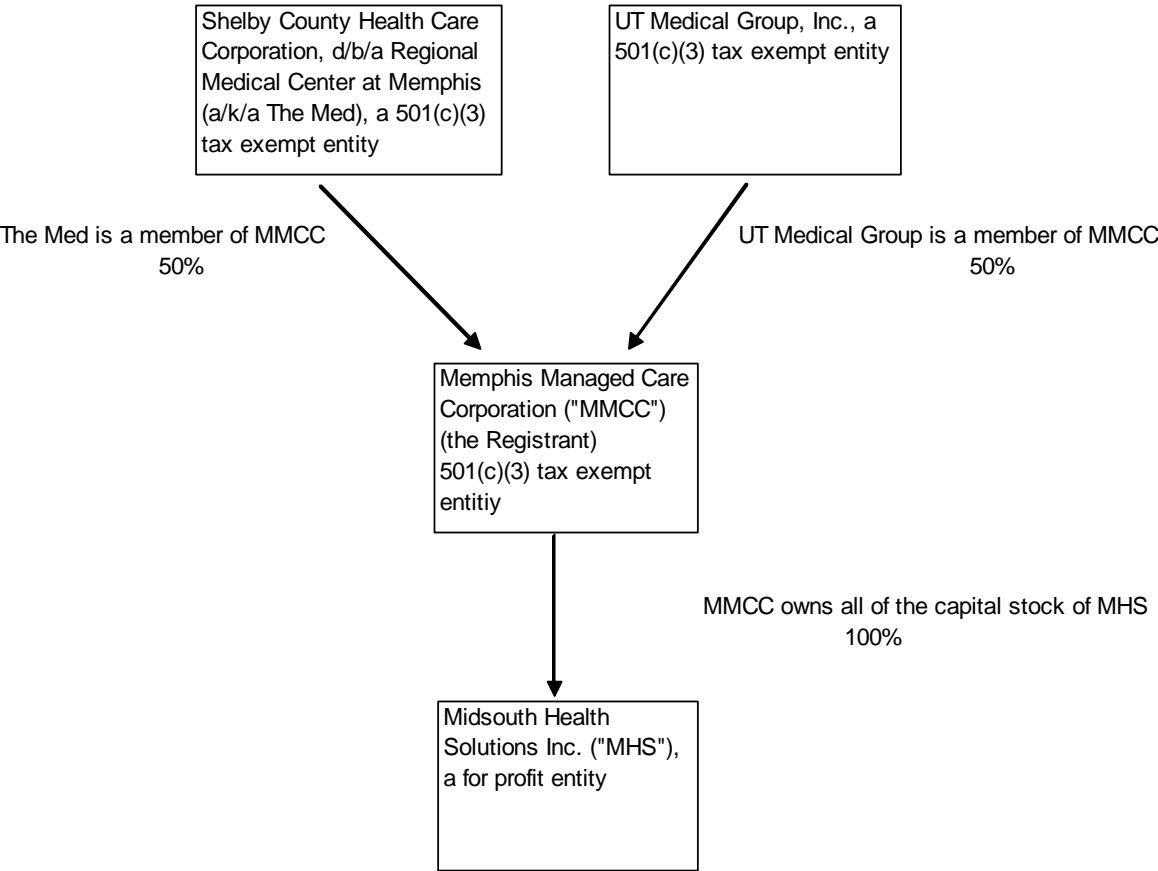
All entity members of a Holding Company Group that have acquired and/or disposed of any domestic entity (s) since filing the last annual or quarterly statement shall prepare a common schedule for inclusion in each of the individual quarterly statements

PART 1 - ORGANIZATIONAL LISTING

1	2	3	4	5	6
NAIC Group Code	Group Name	NAIC Company Code	State of Domicile	FEI Number	Name of Company
	UT MEDICAL GROUP INC & REGIONAL MEDICAL		TN	20-4063319	MID SOUTH HEALTH SOLUTIONS
	UT MEDICAL GROUP INC. REGIONAL MEDICAL		TN	62-1539163	MEMPHIS MANAGED CARE INC.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES
OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing . However , in the event that your company does not transact the type of business for which the special report must be filed , your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below . If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATIONS and provide an explanation following the interrogatory questions .

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

EXPLANATIONS:

.....

BAR CODE:

Document Identifier 365:

SCHEDULE A - PART 2

Showing All Real Estate ACQUIRED During the Current Quarter

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost	7 Amount of Encumbrances	8 Book / Adjusted Carrying Value Less Encumbrances	9 Expended for Additions and Permanent Improvements
	2 City	3 State						

E01

SCHEDULE A - PART 3

Showing All Real Estate SOLD During the Quarter, Including Payments During the Final Year on "Sales under Contract"

1 Description of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7	8	9	10	11 Book/Adjusted Carrying Value Less Encumbrances	12 Amounts Received	13 Foreign Exchange Profit (Loss) on Sale	14 Realized Profit (Loss) on Sale	15 Total Profit (Loss) on Sale	16 Gross Income Earned Less Interest Incurred on Encumbrances	17 Taxes, Repairs and Expenses Incurred
	2 City	3 State				Book/Adjusted Carrying Value Less Encumbrances Prior Year	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Expended for Additions, Permanent Improvements and Changes in Encumbrances							

NONE

SCHEDULE B - PART 1

Showing All Mortgage Loans ACQUIRED during the Current Quarter

1	Location		4	5	6	7	8	9	10	11	12
Loan Number	2 City	3 State	Loan Type	Actual Cost	Date Acquired	Rate of Interest	Book Value/Recorded Investment Excluding Accrued Interest	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Value of Land and Buildings	Date of Last Appraisal or Valuation

NONE

SCHEDULE B - PART 2

Showing All Mortgage Loans SOLD , Transferred or Paid in Full During the Current Quarter

1	Location		4	5	6	7	8	9	10	11	12	13
Loan Number	2 City	3 State	Loan Type	Date Acquired	Book Value/Recorded Investment Excluding Accrued Interest Prior Year	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Book Value/Recorded Investment Excluding Accrued Interest at Disposition	Consideration Received	Foreign Exchange Profit (Loss) on Sale	Realized Profit (Loss) on Sale	Total Profit (Loss) on Sale

NONE

SCHEDULE BA - PART 1

Showing Other Long-Term Invested Assets ACQUIRED During the Current Quarter

1	2	Location		5	6	7	8	9	10	11	12	13	14	15	16
CUSIP Identification	Name or Description	3 City	4 State	Name of Vendor or General Partner	NAIC Designation	Date Originally Acquired	Type and Strategy	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Fair Value	Increase (Decrease) by Adjustment	Increase (Decrease) By Foreign Exchange Adjustment	Commitment for Additional Investment	Percentage of Ownership

NONE

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets SOLD, Transferred or Paid in Full During the Current Quarter

1	2	Location		5	6	7	8	9	10	11	12	13	14	15
CUSIP Identification	Name or Description	3 City	4 State	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Book/Adjusted Carrying Value Less Encumbrances Prior Year	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Book/Adjusted Carrying Value less Encumbrances on Disposal	Consideration Received	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income

NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U. S. Governments									
912795-ZA-2	U. S TREASURY		03/09/2007	FIRST TENNESSEE SECURITIES CORP		99,615	100,000.00		1
912795-ZK-0	U. S TREASURY		03/15/2007	FIRST TENNESSEE SECURITIES CORP		197,706	200,000.00		1
0399999	Subtotal - Bonds - U. S. Governments					297,321	300,000.00		
Bonds - All Other Governments									
3133XF-YK-6	FEDERAL HOME LOAN BANK		03/19/2007	G. X. CLARKE & CO		253,043	250,000.00	2,314	1
31339S-DR-2	FEDERAL HOME LOAN BANK		03/06/2007	G. X. CLARKE & CO		72,914	75,000.00	621	1
3133XJ-M9-6	FEDERAL HOME LOAN BANK		01/18/2007	CREWS & ASSOCIATES		750,000	750,000.00	110	1
3133XJ-VM-7	FEDERAL HOME LOAN BANK		02/15/2007	BAIRD & CO		500,000	500,000.00		1
31359M-5T-6	FEDERAL NATIONAL MORTGAGE ASSOC.		02/27/2007	CHASE BANK		530,000	530,000.00		1
1099999	Subtotal - Bonds - All Other Governments					2,105,957	2,105,000.00	3,045	
6099997	Subtotal - Bonds - Part 3					2,403,278	2,405,000.00	3,045	
6099999	Subtotal - Bonds					2,403,278	2,405,000.00	3,045	
7499999	TOTALS					2,403,278		3,045	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

STATEMENT AS OF MARCH 31, 2007 OF THE MEMPHIS MANAGED CARE CORPORATION

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of
by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identifi- cation	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amort- ization) / Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B. /A. C. V. (11+12-13)	Total Foreign Exchange Change in B. /A. C. V.	Book /Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	NAIC Designa- tion or Market Indi- cator (a)
Bonds - U. S. Governments																					
912827-2J-0	U. S. TREASURY		02/15/2007	REGIONS BANK		100,000	100,000.00	101,406	100,115	(115)					100,000				3,125	02/01/2007	1
0399999	Subtotal - Bonds - U. S. Governments					100,000	100,000.00	101,406	100,115	(115)					100,000				3,125		
Bonds - All Other Governments																					
3133MW-2K-6	FEDERAL HOME LOAN BANK		02/15/2007	SUNTRUST BANK		200,000	200,000.00	200,000	197,923		2,077				200,000				2,875	02/17/2007	1
3133X3-GQ-4	FEDERAL HOME LOAN BANK		01/29/2007	SUNTRUST BANK		180,000	180,000.00	178,819	178,883		1,117				180,000				2,925	01/28/2011	1
3133XA-GY-7	FEDERAL HOME LOAN BANK		02/23/2007	SUNTRUST BANK		100,000	100,000.00	100,000	99,820		180				100,000				1,687	02/23/2007	1
3133XG-3V-4	FEDERAL HOME LOAN BANK		01/17/2007	SUNTRUST BANK		500,000	500,000.00	500,280	500,000						500,000				14,375	01/17/2008	1
3133XG-DS-0	FEDERAL HOME LOAN BANK		02/01/2007	SUNTRUST BANK		695,000	695,000.00	695,000	695,000						695,000				19,634	08/20/2007	1
3133XH-U8-3	FEDERAL HOME LOAN BANK		02/21/2007	SUNTRUST BANK		1,060,000	1,060,000.00	1,060,000	1,060,000						1,060,000				14,018	11/21/2007	1
3136F6-D7-1	FANNIE MAE		02/22/2007	REGIONS BANK		500,000	500,000.00	502,125	500,156	(156)					500,000				10,000	02/22/2007	1
1099999	Subtotal - Bonds - All Other Governments					3,235,000	3,235,000.00	3,236,224	3,231,782	3,218					3,235,000				65,514		
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
073902-BZ-0	BEAR STERNS CO		01/16/2007	REGIONS BANK		100,000	100,000.00	100,318	100,001	(1)					100,000				2,850	01/15/2007	3
36962G-F4-1	GENERAL ELECTRIC CAPITAL CORP		01/16/2007	REGIONS BANK		100,000	100,000.00	98,397	99,066		934				100,000				1,400	01/15/2007	3
441812-JX-3	HOUSEHOLD FINANCE CORP		01/30/2007	REGIONS BANK		100,000	100,000.00	100,514	100,000						100,000				2,875	01/30/2007	3
717081-AK-9	PFIZER INC		03/15/2007	REGIONS BANK		100,000	100,000.00	97,505	99,603		397				100,000				1,250	03/15/2007	3
4599999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					400,000	400,000.00	396,734	398,670	1,330					400,000				8,375		
6099997	Subtotal - Bonds - Part 4					3,735,000	3,735,000.00	3,734,364	3,730,567	4,433					3,735,000				77,014		
6099999	Subtotal - Bonds					3,735,000	3,735,000.00	3,734,364	3,730,567	4,433					3,735,000				77,014		
7499999	TOTALS					3,735,000		3,734,364	3,730,567	4,433					3,735,000				77,014		

(a) For all common stock bearing the NAIC market indicator 'U' provide: the number of such issues

SCHEDULE DB - PART A - SECTION 1

Showing all Options , Caps , Floors and Insurance Futures Options Owned at Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index	Date of Acquisition	Exchange or Counterparty	Cost/Option Premium	Book Value	*	Statement Value	Fair Value	Year to Date Increase / (Decrease) by Adjustment	Used to Adjust Basis of Hedged Item	Other Investment/ Miscellaneous Income

NONE

SCHEDULE DB - PART B - SECTION 1

Showing all Options , Caps , Floors and Insurance Futures Options Written and In-Force at Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index	Date of Issuance/ Purchase	Exchange or Counterparty	Consideration Received	Book Value	*	Statement Value	Fair Value	Year to Date Increase / (Decrease) by Adjustment	Used to Adjust Basis	Other Investment/ Miscellaneous Income

NONE

SCHEDULE DB - PART C - SECTION 1

Showing all Collar , Swap and Forwards Open at Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Description	Notional Amount	Date of Maturity , Expiry , or Settlement	Strike Price , Rate or Index Rec (Pay)	Date of Opening Position or Agreement	Exchange or Counterparty	Cost or (Consideration Received)	Book Value	*	Statement Value	Fair Value	Year to Date Increase (Decrease) by Adjustment	Used to Adjust Basis of Hedged Item	Other Investment/ Miscellaneous Income	Potential Exposure

NONE

SCHEDULE DB - PART D - SECTION 1

Showing all Futures Contracts and Insurance Futures Contracts at Current Statement Date

1	2	3	4	5	6	7	8	9	Variation Margin Information			13
Description	Number of Contracts	Maturity Date	Original Value	Current Value	Variation Margin	Date of Opening Position	Exchange or Counterparty	Cash Deposit	10 Recognized	11 Used to Adjust Basis of Hedged Item	12 Deferred	Potential Exposure

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository		Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
Name	Location and Supplemental Information					First Month	Second Month	Third Month	
Open Depositories									
SUNTRUST INVESTMENT	SUNTRUST BANK-TN					960,430	2,102,169	2,047,042	
REGIONS GENERAL OPERATING	REGIONS BANK-TN					703,040	2,365,883	2,926,336	
REGIONS CLAIMS	REGIONS BANK-TN					951,157	1,135,819	(1,325,411)	
REGIONS PAYROLL	REGIONS BANK-TN					4,398	1,742	(129)	
REGIONS ESCROW	REGIONS BANK-TN					8,133	10,543	34,059	
REGIONS TRUST	REGIONS BANK-TN					1,790,242	2,440,822	2,012,892	
0199999 - TOTAL - Open Depositories						4,417,400	8,056,978	5,694,789	
0399999 - TOTAL Cash on Deposit						4,417,400	8,056,978	5,694,789	
0499999 - Cash in Company's Office						600	600	600	
0599999 - TOTALS						4,418,000	8,057,578	5,695,389	

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book / Adjusted Carrying Value	Amount of Interest Due and Accrued	Gross Investment Income

NONE

STATEMENT AS OF March 31, 2007 OF THE MEMPHIS MANAGED CARE CORP.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Non Admitted'	Admitted

NONE

STATEMENT AS OF March 31, 2007 OF THE MEMPHIS MANAGED CARE CORP.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Non Admitted	7 Admitted
0199999 Pharmaceutical Rebate Receivables						
0299999 Claim Overpayment Receivables	23,817	141	454	464,287	464,287	24,412
0399999 Loans and Advances to Providers		86,104		63,750	63,750	86,104
0499999 Capitation Arrangement Receivables						
0599999 Risk Sharing Receivables						
0699999 Other Receivables	-		5,000	3,650	3,650	5,000
0799999 Gross Health Care Receivables	23,817	86,245	5,454	531,687	531,687	115,516

STATEMENT AS OF March 31, 2007 OF THE MEMPHIS MANAGED CARE CORP.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Non Admitted'	Admitted	
						7 Current	8 Non-Current
Med-MRI	0	0	0	0	0	0	0
Medplex	0	0	0	3,000	3,000	0	0
The Health Loop	0	0	0	0	0	0	0
Midsouth Health Solutions	287,896	0	0	0	0	287,896	0
01999999 Individual Listed Receivables	287,896	0	0	3,000	3,000	287,896	0
02999999 Receivables Not individually Listed							
03999999 Total Gross amounts Receivable	287,896			3,000	3,000	287,896	0

Memphis Managed Care Inc.
Reconciliation of Medical Services Monitoring Report (MSMR)
to Report 2A
As of March 31, 2007

<u>MSMR REPORT</u>	
UB 92 Payments	36,619,432
HCFA 1500 Payments	<u>25,657,771</u>
Total Claim Payments	62,277,203
No Check Adjustments	
Capitation	2,762,328
Reinsurance	
Off Lag Adjustments	597,774
IBNR	14,836,708
COB Subro Adjustments	
Total Medical Payments	80,474,013

Report #2A: TENNCARE OPERATIONS STATEMENT OF REVENUES AND EXPENSES

	Current Year		Previous Year
	Current Period	Year to Date Total	Total
Member Months	503,137	503,137	2,246,795
REVENUES:			
1 TennCare Capitation	96,583,391	96,583,391	373,474,597
2 Investment	276,816	276,816	1,313,408
3 Other Revenue	7,542	7,542	53,226
4 Total Revenue	96,867,749	96,867,749	374,841,231
EXPENSES:			
Medical and Hospital Services			
5 Capitated Physician Services	2,762,328	2,762,328	12,172,604
6 Fee for Service Physician Services	9,821,282	9,821,282	39,294,873
7 Inpatient Hospital Services	13,826,426	13,826,426	56,586,552
8 Outpatient Services	24,946	24,946	85,315
9 Emergency Room Services	6,696,282	6,696,282	24,010,446
10 Mental Health Services	2,493	2,493	24,488
11 Dental Services	0	0	0
12 Vision Services	562,645	562,645	2,118,889
13 Pharmacy Services	0	0	(255)
14 Home Health Services	1,900,237	1,900,237	6,529,248
15 Chiropractic Services	0	0	0
16 Radiology Services	541,983	541,983	1,521,329
17 Laboratory Services	2,404,265	2,404,265	8,432,875
18 Durable Medical Equipment Services	72,302	72,302	298,038
19 Transportation Services	574,494	574,494	3,802,540
20 Outside Referrals	0	0	0
21 Medical incentive Pool and Withhold Adjustments	0	0	0
22 Occupancy Depreciation and Amortization	0	0	0
23 Other Medical and Hospital Services	38,652,461	38,652,461	151,258,715
24 IBNR	14,836,708	14,836,708	35,904,045
25 Subtotal	92,678,851	92,678,851	342,039,702
26 Reinsurance Expense Net of Recoveries	0	0	0
LESS:			
27 Copayments	0	0	0
28 Subrogation			0
29 Coordination of Benefits			0
30 Subtotal	0	0	0
30 TOTAL MEDICAL AND HOSPITAL	92,678,851	92,678,851	342,039,702
Administration			
31 Compensation	2,046,480	2,046,480	8,510,052
32 Marketing	6,563	6,563	0
33 Interest Expense	243	243	92
34 Premium Tax Expense	1,855,776	1,855,776	6,514,857
35 Occupancy Depreciation and Amortization	2,502	2,502	598,436
36 Other Administration	(887,039)	(887,039)	8,948,701
37 TOTAL ADMINISTRATION	3,024,524	3,024,524	24,572,138
38 TOTAL EXPENSES	95,703,375	95,703,375	366,611,840
39 NET INCOME (LOSS)	1,164,373	1,164,373	8,229,391
Net Income Rev	1,162,355	1,162,355	8,205,507
Difference	(2,018)	(2,018)	(23,883)
	184	184	152
Control			
Net Income from Rev	1,162,355	1,162,355	
Net Income/Loss Dept 180 & 270	(2,018)	(2,018)	
2A Net Income should be	1,164,373	1,164,373	